2005 LIMITED LIABILITY COMPAN

Apr 01, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L02000021239 . Enlity Name AVCENTER, LLC Principal Place of Business _ Mailing Address 7306 NW. 34TH STREET MIAMI, FL 33122 US 7306 NW. 34TH STREET MIAMI, FL 33122 US 01182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0026585 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, GONZALO DO NOT WRITE 2151 LEJEUNE ROAD 204 IN THIS SPACE CORAL GABLES, FL 33134 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pholediname of registered agent and title 7 applicable (NCTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME POSSE, ANDRES 7306 NW. 34TH STREET STREET ADDRESS UCO0000283638 CITY-ST ZIP MIAMI, FL 33122 04/01/05-80036-003 50.00 TITLE NAME STREET ADDRESS CITY ST ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE TOTALE NAME STREET ADDRESS CITY-ST-ZIP UILE NAME. STREET ADDRESS CITY-ST ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE: MINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR

BILE NAME STREET ADDRESS CITY ST ZIP

1-18-05

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